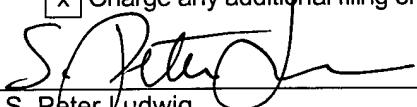
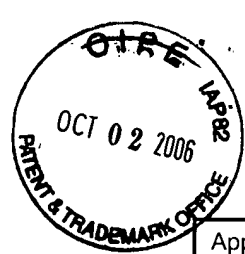




10-04-06

IPW

AMENDMENT TRANSMITTAL LETTER				Docket No. 06727/100J782-US4	
Application No. 10/719,659-Conf. #2380	Filing Date November 20, 2003	Examiner M. Bockelman	Art Unit 3766		
Applicant(s): Tamir Ben-David et al.					
Invention: SELECTIVE NERVE FIBER STIMULATION FOR TREATING HEART CONDITIONS					
TO THE COMMISSIONER FOR PATENTS					
Transmitted herewith is an amendment in the above-identified application.					
The fee has been calculated and is transmitted as shown below.					
CLAIMS AS AMENDED					
	Claims Remaining After Amendment	Highest Number Previously Paid	Number Extra Claims Present	Rate	
Total Claims	113	- 80 =	33	x 25.00	825.00
Independent Claims	31	- 3 =	28	x 100.00	2,800.00
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					
Other fee (please specify):					
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT:					3,625.00
<input type="checkbox"/> Large Entity <input checked="" type="checkbox"/> Small Entity					
<input type="checkbox"/> No additional fee is required for this amendment.					
<input type="checkbox"/> Please charge Deposit Account No. <u>04-0100</u> in the amount of \$ _____ A duplicate copy of this sheet is enclosed.					
<input checked="" type="checkbox"/> A check in the amount of \$ <u>3,625.00</u> to cover the filing fee is enclosed.					
<input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.					
<input checked="" type="checkbox"/> The Director is hereby authorized to charge and credit Deposit Account No. <u>04-0100</u> as described below. A duplicate copy of this sheet is enclosed.					
<input checked="" type="checkbox"/> Credit any overpayment.					
<input checked="" type="checkbox"/> Charge any additional filing or application processing fees required under 37 CFR 1.16 and 1.17.					
 S. Peter Ludwig Attorney/Agent Reg. No.: 25,351				Dated: <u>October 2, 2006</u>	
DARBY & DARBY P.C. P.O. Box 5257 New York, New York 10150-5257 (212) 527-7770					



Application No. (if known): 10/719,659

Attorney Docket No.: 06727/100J782-US4

Certificate of Express Mailing Under 37 CFR 1.10

I hereby certify that this correspondence is being deposited with the United States Postal Service as Express Mail, Airbill No. in an envelope addressed to:

EV 834732806-US

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

on October 2, 2006
Date

Lillian Garcia
Signature

Lillian Garcia
Typed or printed name of person signing Certificate

Registration Number, if applicable

Telephone Number

Note: Each paper must have its own certificate of mailing, or this certificate must identify each submitted paper.

Fee Transmittal (1 page)

Amendment Transmittal (1 page)

Amendment in Response to Non-Final Office Action (29 pages)

Check in the amount of \$3,625.00

Return Receipt Postcard

12613

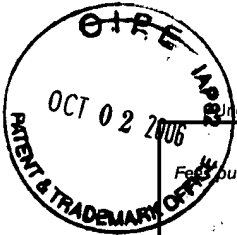


FEE SUMMARY SHEET
Transmittal -- Amendment

Date: September 29, 2006
Time: 2:48 PM
Docket: 06727/100J782-US4

Filing Date: November 20, 2003
Application No: 10/719,659
Total Fee: \$ 3,625.00

Code	Amount	37 CFR	Fee Description	Listed on
2202	825.00	1.16(i)	Claims in excess of twenty	Fee Transmittal (PTO SB-17)
2201	2,800.00	1.16(h)	Independent claims in excess of three	Fee Transmittal (PTO SB-17)



Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818). FEE TRANSMITTAL For FY 2005		Complete if Known	
<input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		Application Number	10/719,659-Conf. #2380
TOTAL AMOUNT OF PAYMENT (\$) 3,625.00		Filing Date	November 20, 2003
		First Named Inventor	Tamir Ben-David
		Examiner Name	M. Bockelman
		Art Unit	3766
		Attorney Docket No.	06727/100J782-US4

METHOD OF PAYMENT (check all that apply)	
<input checked="" type="checkbox"/> Check	<input type="checkbox"/> Credit Card
<input type="checkbox"/> Money Order	<input type="checkbox"/> None
<input type="checkbox"/> Other (please identify): _____	
<input type="checkbox"/> Deposit Account	Deposit Account Number: 04-0100
Deposit Account Name: Darby & Darby P.C.	
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)	
<input type="checkbox"/> Charge fee(s) indicated below	<input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee
<input checked="" type="checkbox"/> Charge any additional fee(s) or underpayment of fee(s) under 37 CFR 1.16 and 1.17	<input checked="" type="checkbox"/> Credit any overpayments

FEE CALCULATION							
1. BASIC FILING, SEARCH, AND EXAMINATION FEES							
	FILING FEES		SEARCH FEES		EXAMINATION FEES		
		Small Entity		Small Entity		Small Entity	
Application Type	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)	Fees Paid (\$)
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	
2. EXCESS CLAIM FEES							
						Small Entity	
						Fee (\$)	Fee (\$)
Fee Description							
Each claim over 20 (including Reissues)						50	25
Each independent claim over 3 (including Reissues)						200	100
Multiple dependent claims						360	180
Total Claims		Extra Claims	Fee (\$)	Fee Paid (\$)	Multiple Dependent Claims		
113 - 80 = 33		x 25.00	=	825.00	Fee (\$)	Fee Paid (\$)	
HP = highest number of total claims paid for, if greater than 20.							
Indep. Claims		Extra Claims	Fee (\$)	Fee Paid (\$)			
31 - 3 = 28		x 100.00	=	2,800.00			
HP = highest number of independent claims paid for, if greater than 3.							
3. APPLICATION SIZE FEE							
If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).							
Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof		Fee (\$)	Fee Paid (\$)		
_____ - 100 = _____	/50	(round up to a whole number) x _____		=			
4. OTHER FEE(S)							
Non-English Specification, \$130 fee (no small entity discount)						Fees Paid (\$)	
Other (e.g., late filing surcharge): _____							

SUBMITTED BY			
Signature		Registration No. (Attorney/Agent)	25,351
Name (Print/Type)	S. Peter Ludwig	Telephone	(212) 527-7770
		Date	October 2, 2006



Docket No.: 06727/100J782-US4
(PATENT)

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Patent Application of:
Tamir Ben-David et al.

Application No.: 10/719,659

Confirmation No.: 2380

Filed: November 20, 2003

Art Unit: 3766

For: SELECTIVE NERVE FIBER STIMULATION
FOR TREATING HEART CONDITIONS

Examiner: M. Bockelman

AMENDMENT IN RESPONSE TO NON-FINAL OFFICE ACTION

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Dear Sir:

INTRODUCTORY COMMENTS

In response to the Office Action dated July 6, 2006, please amend the above-identified U.S. patent application as follows:

Amendments to the Claims are reflected in the listing of claims which begins on page 2 of this paper.

Remarks/Arguments begin on page 26 of this paper.

10/06/2006 RMEBRAHT 00000102 10719659

01 FC:2201
02 FC:2202

2800.00 OP
825.00 OP